

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 26, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P97000093384**

**1. Entity Name  
ABIEL CORPORATION**



**Principal Place of Business  
17001 N.E. 6TH AVENUE  
N. MIAMI BEACH, FL 33162**

**Mailing Address  
17001 N.E. 6TH AVENUE  
N. MIAMI BEACH, FL 33162**



**04202006 No Chg-P CR2E034 (11/05)**

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
65-0808144**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SUSSMAN, MARK S  
17001 N.E. 6TH AVENUE  
N. MIAMI BEACH, FL 33162**

**DO NOT WRITE  
IN THIS SPACE**

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE D  
NAME BAUSONE, ELVIRA C  
STREET ADDRESS FRANCIA 131-3 COL FLORIDA  
CITY-ST-ZIP MEXICO D.R. MEXICO,**

**TITLE D  
NAME CUEVAS, ABIGAIL  
STREET ADDRESS FRANCIA 131-3 COL FLORIDA  
CITY-ST-ZIP MEXICO D.R. MEXICO,**

**TITLE D  
NAME CHAVEZ, ELVIRA B  
STREET ADDRESS FRANCIA 131-3 COL FLORIDA  
CITY-ST-ZIP MEXICO D.R. MEXICO,**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**000000535583  
05/08/06-80060-007 150.00**

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/22/06 305 944 2564**